

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14		1				
15						
16						
17						
18						
19						
20		1				
21						
22						
23						
24		1				
25						
26		1				
27		1				
28						
29						
30						
31		1				
32		2				
33		1				
34		1				
35						
36						
37		1				
38						
39	1	1				
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

TOTAL IND.

1



TOTAL DEP.

39

TOTAL CLAIMS

40

TOTAL IND.

1



TOTAL DEP.

39

TOTAL CLAIMS

40